FORM D

0 2004

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PÚRSUANT TO REGULATION D, SECTION 4(6), AND/OR

2	7697	7
	OMB APP	
	OMB Number:	3235-0076
	Expires:	May 31, 2005
	Estimated avera	age burden
	hours per respo	nse16.00

SEC USE ONLY						
Prefix	Serial					
	}					
DATE R	ECEIVED					
	1					

TO THE WIFORM LIMITED OFFERING EXEMP	PTION L
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	:
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	(SE) (SI) (SINS SINS) INIS INIS WAS USED HER
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Nascent Investment I LLC Address of Executive Offices (Number and Street, City, State, Zip Code)	U4005761 Telephone Number (Including Area Code)
P.O. Box 4163, Honolulu Hawaii 96812	(808) 573-0001
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Investment	
tend to the state of the state	lease specify): Liability Company JAN 2 1 200
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 17d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address,	
Where To File: U.S. Scourities; and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 200	549.
Copies Required: Pive (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typod or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall

- attention

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file whe appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice?

A. BASIC IBENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial awner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Parincr Full Name (Last name first, if individual) Coy, Michael J. Business or Residence Address (Number and Street, City, State, Zip Code) 2528 Makaulii Place, Honolulu, Hawaii Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) M.J. Coy & Associates PSP Business or Residence Address: (Number and Street, City, State, Zip Code) 2528 Makaulii Place, Honolulu, Hawaii 96816 Check Box(cs) that Apply: General and/or Promoter Managing Partner Pull Nume (Last name first, if individual) Advantage Capital Hawaii Investors Limited Partnership Business or Residence Address (Number and Street, City, State, Zip Code) 1050 Bishop Street, Box 306, Honolulu, Hawaii 96813 Check Box(cs) that Apply: Promoter Benoficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business of Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(cs) that Apply: Beneficial Owner Executive Officer Director П General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Pull Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B. 13	FORMATI	on abou	i offert	ktî:				
1. Has the	issuer sold	or does th	e issuer in	tend to sel	l. to non-ac	eredited in	vestors in	this offerin	n <i>g')</i>		Y≎s ∏	No -
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											C.	
2. What is	**										\$7,0	00
										Yes	No	
commis If a pers or states	sion or simi on to be list	lar remuner ed is an ass me of the b	ration for se ociated per roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ro than five	rs in conne er or deale (5) person	ction with registered is to be list	sales of sec with the S ed are assoc	urities in t) EC and/or	irectly, any ne offering. with a state ons of such		
Full Name (lirst, it indi	vidual)									
Not App Business or		Address (N	hambar and	Strant Ci	ty State 7	in Cada)						
D #2III 022 OI	Residence .	Wagiess (IA	univer and	i Bileet, Ci	iy, oute, Z	th Code)						
Name of As	sociated Br	oker or De	aler			****			<u></u>			-
States in W	ich Person	Listed Has	Solicited	or Intende	to Solicit 1	Purchavero				-		<u></u>
	"All States							****************		-1117-2817-100441-414	☐ VII	States
AL	AK)	AZ	AR	CA	CO	$[\tilde{C}\tilde{1}]$	DE	DC	FL	GA	HI	ID
II.	IN	IA	KS	KŸ	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY)	NC	ND	OH	(OK)	OR	PA]
RI)	SC	SD	TN	TX	UT	VI	VA	WA	WV	[WI]	WY	PR
Full Name (Last name	first, if ind	ividual)	· · ·						~·····		
Business or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		_	***************************************			
Name of As	sociated Br	oker or De	alet							W #	<u></u>	
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					····	
(Check	"All States	s" or check	individual	States)	***************************************		*********	····		M	All	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	ĪŃ	UA	(KS)	KY	[LA]	ME	MĎ	MA	MI	MN	MS	MO
MT	NE	NŸ	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
RI	SC	SD	[TN]	TX	UT	VT	VA)	WA	WV	[WI]	WY	[PR]
Full Name	Last name	first, if ind	ividual)									
Business o	r Residence	Address (Number an	d Street, C	City, State,	Zip Code)	~ 					
Name of As	sociated B	roker or Do	aler					, <u>, , , , , , , , , , , , , , , , , , </u>				
States in W	hich Person	Listed Ha	s Solicited	or Intend	s to Solicit	Purchaser						
		:									☐ A1	l States
AL	AK	[AZ]	[AR]	CA	CO	CT	DE	DC	FL	ΘA	HI	ID
IL.	IN		[KS]	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NI	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	IN	TX	UT	VT	VA	WA	$\mathbf{W}\mathbf{V}$	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	9	\$
	Equity		
	Common Preferred	41	
	Convertible Securities (including warrants)	•	8
	Partnership Interests	_	
	Other (Specify membership units)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOB.	9	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	13	\$3,000,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	·	\$
	Regulation A		\$
	Rule 504	·	\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	Γ.	
	Transfer Agent's Fees		\$
	Printing and Engraying Costs		\$
	Legal Fces		\$
	Accounting Fees		\$
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	,	\$
	Total		s
	•		

	COFFER	ing price, number of investors, expenses and use of	PR	ØCEEDS	
	and total expenses furnished in re	the aggregate offering price given in response to Part C — Question 1 sponse to Part C — Question 4.a. This difference is the "adjusted gross	3		\$ <u>3,000,000</u>
5.	each of the purposes shown. It check the box to the left of the es	e adjusted gross proceed to the issuer used or proposed to be used for the amount for any purpose is not known, furnish an estimate and timate. The total of the payments listed must equal the adjusted gross in response to Part C — Question 4.h above.	i		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$	<u> </u>
) \$	\$
	Purchase, rental or leasing and and equipment	installation of machinery	Г.) S	
	Construction or leasing of plan	t buildings and facilities		\\$	s
	Acquisition of other businesses offering that may be used in ex	(including the value of securities involved in this change for the assets or securities of another			
	•			-	
	•		_	J	4
			_	18	П \$
	Column Totals	······································		\$ 3,000,000	
	Total Payments Listed (column	totals added)		□\$ <u>3,</u>	000,000
		d:Federal signaturu			
sig	e issuer has duly caused this notic nature constitutes an undertaking	e to be signed by the undersigned duly authorized person. If this notion by the issuer to furnish to the U.S. Securities and Exchange Commuter to any non-accredited investor pursuant to paragraph (b)(2) of	ce i	is filed under Ru ion, upon writte	le 505, the following on request of its staff
Iss	uer (Print or Type)	Signature	ת	late	
Na	ascent Investment I L	ic How	ز	January 13	2004
Na	me of Signer (Print or Type)	Title of Signey (Print or Type)	_		
M:	ichael Coy	Venture Investment Associates	I	nc., Manag	er
	:				
		e week			
	<u> </u>	•			
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	· :				
	:				
	· · · · · · · · · · · · · · · · · · ·	ATTENTION			
	Intentional misstateme	ents or omissions of fact constitute federal criminal violatio	ns	. (See 18 U.S	.C. 1001.)

!		
	E. STATE SIGNATURE	
	CFR 230.262 presently subject to any of the dis	•
:	See Appendix, Column 5, for state	response.
_ :	by undertakes to furnish to any state administrator n times as required by state law.	r of any state in which this notice is filed a notice on Form
3. The undersigned issuer here issuer to offerees.	by undertakes to furnish to the state administrat	tors, upon written request, information furnished by th
limited Offering Exemption		ions that must be satisfied to be entitled to the Unifor and understands that the issuer claiming the availabilibeen satisfied.
ne issuer has read this notification ar aly authorized person.	d knows the contents to be true and has duly cause	ed this notice to be signed on its behalf by the undersign
suer (Print or Type)	Signature	Date
ascent Investment I LLC	Mon	January 13, 2004
ume (Print or Type)	Title (Print of Type)	
ichael Coy	Venture Investment	Associates, Inc., Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Investors Investors Yes State Yes No Amount No Amount AL ΑK ΑZ AR CA ÇQ CT DE DC FL GΑ Н 13 \$3,000,000 ID ILΙN ľΑ KS KY LA ME MD MA MI MN MS

APPENDIX

				APP	ENDIX				
1	to non-a	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	- 		NAT'Y LIMINLANG AT YNG LA LANG A ARAN						
MT		:							
NE		:							
NV							77 774		
NH		:							
NJ							7/4111		
ΝМ							1.		
NΥ									
NC		:							
ND									
ОН									
OK		:							
OR							, , ,		
PA									
RI								-	
SC					-	".			
SD									
TN									
TX					.*				
UT			į						
VT						1		\ <u>-</u>	
VA					1		† ~~~~~	1	
WA									
WV									
WI					1	77			1

1	to non-a investor	to sell ceredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	á	Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOR attach ation of granted) Item 1)
State	Ycs	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									